



PTO/SB/22 (12-04)

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.**PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)
FY 2005**

(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)

Docket Number (Optional)

BAKER 3.0-002 CIP CIP CIP I

Application Number

09/055,818

Filed

April 6, 1998

For

ORAL PHARMACEUTICAL COMPOSITIONS CONTAINING TAXANES AND METHODS OF TREATMENT
EMPLOYING THE SAME

Art Unit

1624

Examiner

R. L. Raymond

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee	Small Entity Fee	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ 1,020.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$

☐ Applicant claims small entity status. See 37 CFR 1.27.☐ A check in the amount of the fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director has already been authorized to charge fees in this application to a Deposit Account.☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 12-1095. I have enclosed a duplicate copy of this sheet.

I am the

☐

applicant/inventor.

☐assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).☒attorney or agent of record. Registration Number 33,071☐

attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34 _____

Shawn P. Foley
SignatureDecember 29, 2004

Date

Shawn P. Foley
Typed or printed name(908) 518-6346

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐

Total of

1

forms are submitted.

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I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: December 29, 2004

Signature: Shawn P. Foley (Shawn P. Foley)